(Requestor's Name)
(Address)	
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(City/State/Zip/Pfloi	ie #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number)
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APR - 1 2008

EXAMINER



700121192547

03/31/08--01020--005 **30.00

COVER LETTER

TO: Registration S Division of Co	ection rporations		
SUBJECT: Just On	e Kiss LLC		
	(Name of Lir	nited Liability Company)	
	Amendment and fee(s) are su ondence concerning this matte		
	Karen Moore		
		(Name of Person)	
	Noel Bookkeeping I	nc	
		(Firm/Company)	
	3711 Trout River Blv	∕d	
		(Address)	
	Jacksonville, FL 322	208	
		(City/State and Zip Code)	
For further information c	oncerning this matter, please of	call:	
Karen Moore		at (904,) 768-6486 (Area Code & Daytime 7	
(Name o	of Person)	(Area Code & Daytime 1	Celephone Number)
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

. . .

SECRETARY OF STATE CORPORATION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 MAR 31 PM 4: 07

Just One Kiss LLC		
(Name of the Limiter	d Liability Company as it now appears on our A Florida Limited Liability Company)	<u>r records.</u>)
The Articles of Organization for this Limited I.	iability Company were filed on 12-24-07	and assigned
Florida document number <u>L07000127057</u>		
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Company," the	designation "LLC" or the abbreviation
B. If amending the registered agent and		ords, enter the name of the nev
registered agent and/or the new registered o	ffice address here:	
Name of New Registered Agent:	Lisa Kiss	
New Registered Office Address:	(Enter Flor	ida street address)
	(2,00) 1 00	·····,
	(City)	, Florida(Zip Code)
	(City)	(zip couc)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
<u>MGR</u>	Ferenc Kiss	1735 Moss Creek Dr Orange Park, FL 32003	☐ Add ☑ Remove
MGR	Lisa Kiss	1735 Moss Creek Dr Orange Park, FL 32003	✓ Add □ Remove
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
D. If amending	any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	_
			-
			- -
Dated	3.25, acc8 Signature of a member of a	Kissi authorized representative of a member	·
	Lis	inited name of signee	